



DIA Board #  
(If Known):

**CONSENT OF EMPLOYER**  
**TO LUMP SUM SETTLEMENT**

I, \_\_\_\_\_, sole proprietor/partner/corporate officer  
of \_\_\_\_\_  
(business name)  
located at \_\_\_\_\_  
(address)  
\_\_\_\_\_, \_\_\_\_\_  
(city) (state)

and experience-modified insured of \_\_\_\_\_  
(workers' comp. insurance carrier)

hereby consent to payment of a lump sum settlement in the gross amount of  
\$ \_\_\_\_\_ in workers' compensation in the  
case of \_\_\_\_\_. The terms of such settlement are  
more fully set forth in the attached lump sum agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
pursuant to the provisions of Section 48 of Chapter 152 of the General Laws  
of Massachusetts as most recently amended by Section 74 of Chapter 398 of  
the Acts of 1991.

\_\_\_\_\_  
(signature)